

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

04-018-2-45-07-32-401-000-12000 AND 05-002-50000
04-018-2-45-07-32-1

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date: MAY 16 2012

Bayfield Co. Zoning Dept.

Permit #:	19-0861 ENTERED
Date:	7-20-12
Amount Paid:	250.00
Refund:	4-26-12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	TOWN OF DRUMMOND	Mailing Address:	P.O. Box 54	City/State/Zip:	WI 54832	Telephone:	715 739 674	
Address of Property:	DRUMMOND LAKE RD	State/Zip:	WI 54832	Cell Phone:		Plumber Phone:		
Contractor:	MSA PROFESSIONAL SCS	Contractor Phone:		Plumber:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Jim Crandall	Agent Phone:	731-6654	Agent Mailing Address (include City/State/Zip):	10860 N LOND RD, Drummond	Written Authorization Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	04-018-2-45-07-32-401-000-12000 (See Above)	Recorded Document: (i.e. Property Ownership)	Volume 889	Page(s) 446		
3.100' NE 1/4, SE 1/4 LESS PART LYING W. of street	Gov't Lot 2-1/2 NE 35	Vol & Page 910-711	Lot(s) No.	Block(s) No.	Subdivision	Lot Size 34 Acres	Acreage 34 Acres	
Section 32, Township 45 N, Range 7 W	Town of: DRUMMOND	Lot Size 34 Acres	Acreage 34 Acres					

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →	If Yes---Continue →	Distance Structure is from Shoreline: 148 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes---continue →	Distance Structure is from Shoreline: 530 feet		

Value at Time of completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$100,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	Municipal/City	<input checked="" type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	(New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/>	Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 22' 6"	Width: 21' 10"	Height: 14'
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)		123 X 221	506
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2nd) Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date) _____		() X ()	
<input type="checkbox"/> Addition/Alteration (specify) _____		() X ()	
<input type="checkbox"/> Accessory Building (specify) _____		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		() X ()	
<input type="checkbox"/> Special Use: (explain) _____		() X ()	
<input type="checkbox"/> Conditional Use: (explain) _____		() X ()	
<input checked="" type="checkbox"/> Other: (explain) MUNICIPAL WATER WELL HOUSE		() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that the application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property and/or reasonable time for inspection.

Owner(s): James A Crandall TOWN CLERK Date: 4-26-12
Authorized Agent: James A Crandall Date: 4/26/12
Rec'd for Issuance: [Signature] Date: 4/26/12
Address: P.O. Box 43 DRUMMOND WI 54832
JJC send permit 2012

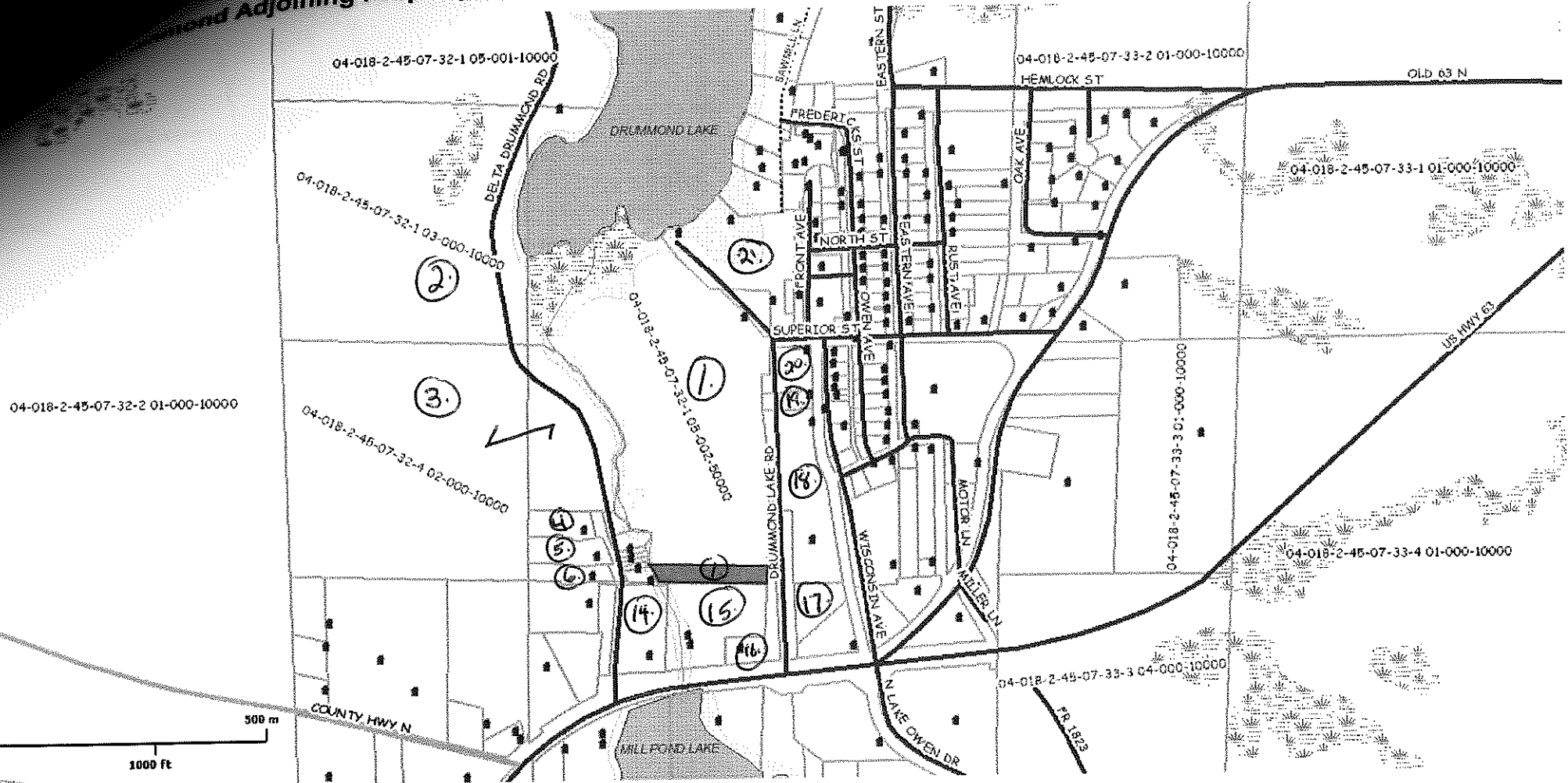
Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

County, WI

Drummond Adjoining Property Owners Map



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- ① Town of Drummond-subject
- ② USA - US Forest Service
- ③ USA - US Forest Service
- ④ Joseph Wawat
- ⑤ Lois Vanderbruggen et.al.
- ⑥ Michael & Kay Hebert

- ⑦ Peter & Rita Berge
- ⑧ Lawrence & Ruth Ann Fettes
Steven A Fettes
- ⑨ Charles & Michelle Jackley
- ⑩ unknown
- ⑪ Bradley A Kuhnert
- ⑫ Bradley A Kuhnert

- ⑭ Robert H. Skweres
- ⑮ Timothy J. Dechant
- ⑯ Steven Kosharek
- ⑰ Besse Wood Products
- ⑱ Besse Wood Products
- ⑲ Roy & Valois Kotel Trust
- ⑳ State Bank of Drummond
- ㉑ Town of Drummond



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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
D-5051VE
JUL 13 2012

Permit #:	12-0050
Date:	7-18-12
Amount Paid:	\$125.00
Refund:	7/13/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
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Bayfield Co. Zoning Dept.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Mailing Address:

City/State/Zip:

Telephone:

Address of Property:

City/State/Zip:

Cell Phone:

Contractor:

Contractor Phone:

Plumber: ANDREY KASIMUSOV

Plumber Phone: (715) 948-3358

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION

Legal Description: (Use Tax Statement)

PLN: (23 digits)
04 018-8-415-07-32-4 04000-04000

Recorded Document: (i.e. Property Ownership)
Volume 1047 Page(s) 359

1/4, 1/4

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Lot Size

Acreage

Section 32, Township 45N, N, Range R07, W

Town of:

DUMMOND

Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →

Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone? ☐ Yes ☒ No

Non-Shoreland

☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →

Distance Structure is from Shoreline: feet

Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion
* Include donated time & material

Project (What are you applying for)

Use

of bedrooms

What Type of Sewer/Sanitary System is on the property?

Water

<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input checked="" type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>CONV</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Slab	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	_____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)

Length:

Width:

Height:

Proposed Construction:

Length:

Width:

Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Deck	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
	with Attached Garage	() X ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	() X ()	
	<input type="checkbox"/> Mobile Home (manufactured date)	() X ()	
	<input type="checkbox"/> Addition/Alteration (specify)	() X ()	
	<input type="checkbox"/> Accessory Building (specify)	() X ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	() X ()	
	<input type="checkbox"/> Conditional Use: (explain)	() X ()	
	<input type="checkbox"/> Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and to reasonable time for the purposes of inspection.

Owner(s):

(If there are multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)

Date

7-11-12

Authorized Agent:

Record for Issuance signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Attach

Address to send permit

JUL 18 2012 628 River Heights Road, Menomonie WI 54751

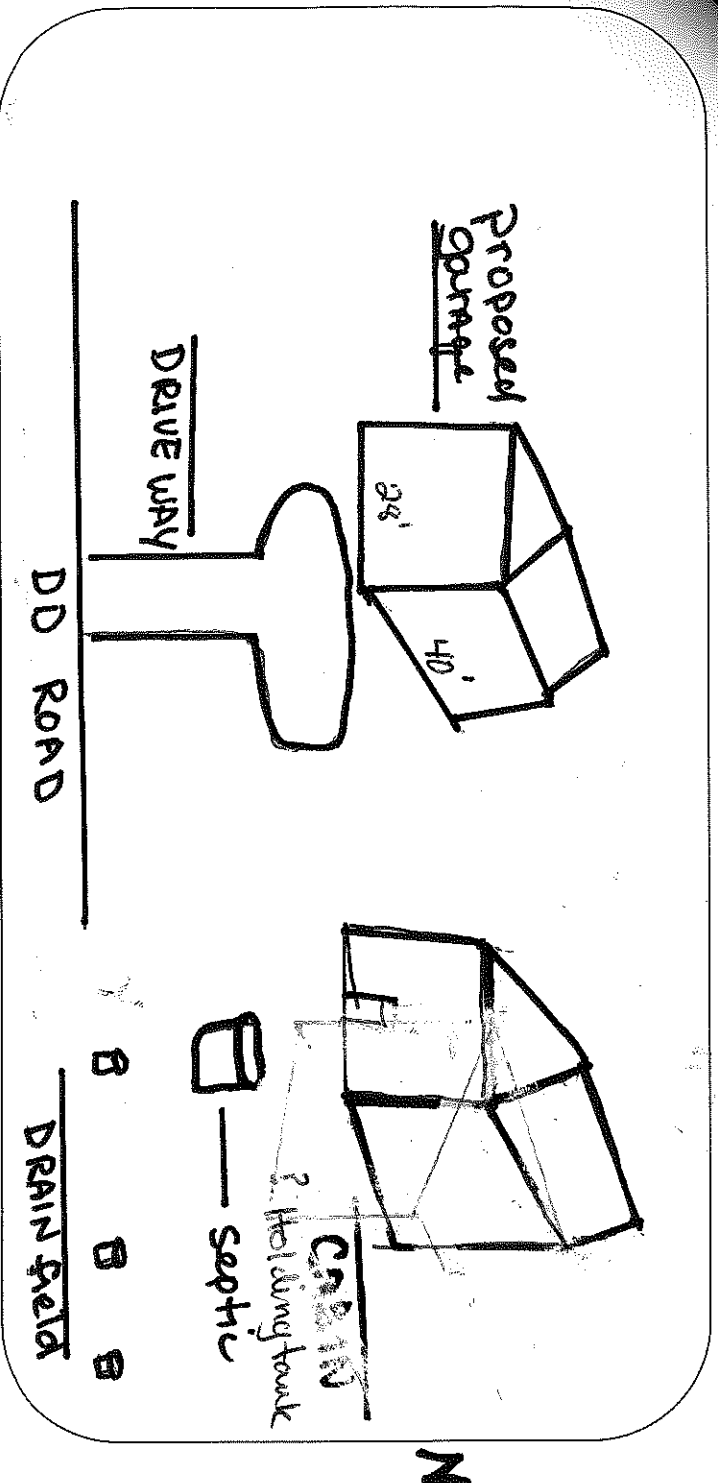
Copy of Tax Statement

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

or Sketch Your Property (regardless of what you are applying for)

- Proposed Construction
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	191 Feet	Setback from the Lake (ordinary high-water mark)	500+ Feet
Setback from the Established Right-of-Way	180 Feet	Setback from the River, Stream, Creek	400+ Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	330 Feet	Setback from Wetland	NA Feet
Setback from the South Lot Line	335 Feet	Setback from 20% Slope Area	NA Feet
Setback from the West Lot Line	300 Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	780 Feet		
Setback to Septic Tank or Holding Tank	89 Feet	Setback to Well	(City Water) NA Feet
Setback to Drain Field	101 Feet		
Setback to Privy (Portable, Composting)	105 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 12-0350		Permit Date: 7-18-12		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (ARB)		
Object all setbacks. Well staked.		Lakes Classification (NA)		
Date of Inspection: 7-16-12		Date of Re-Inspection:		
Inspected by: M. Finkel				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached)				
May not be used for human habitation. No water under pressure in structure.				
Signature of Inspector: Michael Finkel		Date of Approval: 7-18-12		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
MAY 21 2012
Bayfield Co. Zoning Dept.

Permit #: 100855
Date: 7-20-10
Amount Paid:
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
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HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Doug Mathew
Address of Property: 52085 N. Lake Owen Dr.
City/State/Zip: Dismond, WI 54832
Mailing Address: 48660 US Hwy 63
City/State/Zip: Dismond, WI 54832
Telephone: 739-6255
Cell Phone:
Contractor: Dismond, WI 54832
Plumber: Dismond, WI 54832
Plumber Phone:
Agent Phone:
Agent Mailing Address (include City/State/Zip):
Written Authorization Attached ☐ Yes ☒ No

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: Legal Description: (Use Tax Statement)
1/4, 1/4 Gov't Lot 1 Lot(s) CSM 8277 Vol & Page Lot(s) No. Block(s) No. Subdivision:
Section 33, Township 45 N, Range 7 W Town of: Dismond

Recorded Document: (i.e. Property Ownership)
Volume 893 Page(s) 158

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue \rightarrow
☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue \rightarrow
Distance Structure is from Shoreline: feet
Distance Structure is from Shoreline: 200+ feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input checked="" type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it)
Proposed Construction:

Length:	Width:	Height:
Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/>	with Loft	(X)	
<input type="checkbox"/>	with a Porch	(X)	
<input type="checkbox"/>	with (2 nd) Deck	(X)	
<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/>	with (2 nd) Deck	(X)	
<input checked="" type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	(X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Accessory Building (specify)	(X)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
<input checked="" type="checkbox"/>	Special Use: (explain) Construction yard.	(X)	
<input type="checkbox"/>	Conditional Use: (explain)	(X)	
<input type="checkbox"/>	Other: (explain)	(X)	

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I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the design and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

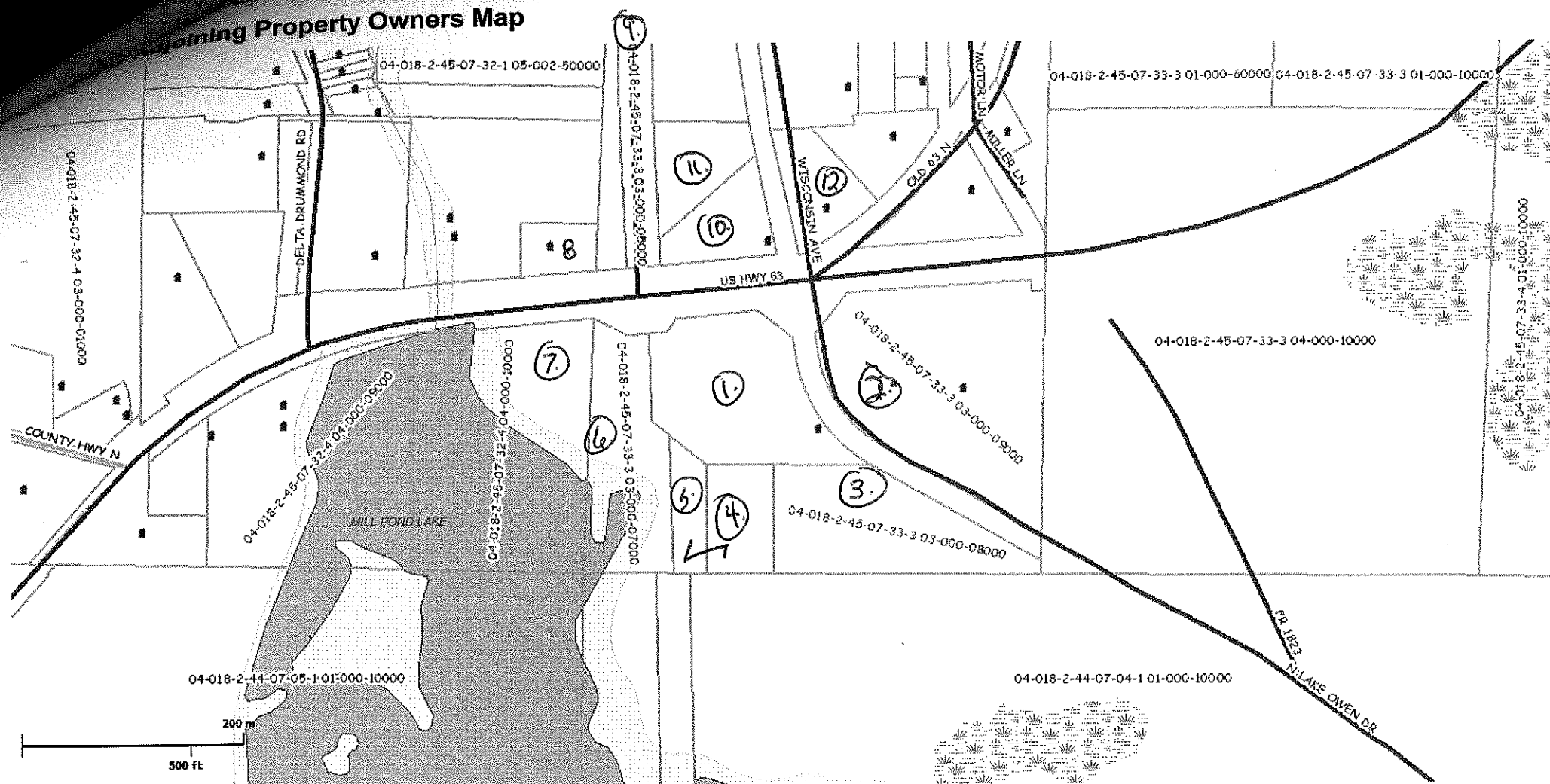
Owner(s): X- Doug Mathew
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: You are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Rec'd for issuance: same as above
Address to send permit: same as above
JUL 20 2012

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

County, WI

Joining Property Owners Map



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- ① subject - Marthey
- ② Brent L. Michaud
- ③ George & Donna Phillips
- ④ George & Donna Phillips
- ⑤ George & Donna Phillips
- ⑥ George & Donna Phillips

- ⑦ George & Donna Phillips
- ⑧ Steven Kosharek
- ⑨ Besse Wood Products Inc.
- ⑩ Black Bear Inn Inc.
- ⑪ Besse Wood Products Inc

- ⑫ Craig E. Marthey